

28. What should **spiritual providers** know about older LGBT persons?

29. What should **law enforcement** know about older LGBT persons?

30. What other information, comments would you like to share regarding the needs of older LGBT persons in our community?

Please feel free to add additional pages(s).

Thank you very much for your help.

PLEASE RETURN BY SEPTEMBER 15th

Please feel free to reproduce this questionnaire.

Contact the Area Agency on Aging at  
Phone: 805.925.9554 · Fax: 805.925.9555 · email: Seniors@KCBX.net

Central Coast Commission for Senior Citizens  
Area Agency on Aging  
528 S. Broadway  
Santa Maria, CA 93454

Place  
Stamp  
Here

# LGBT Persons in San Luis Obispo and Santa Barbara Counties: Growing Older

The Central Coast Commission for Senior Citizens, Area Agency on Aging has developed this questionnaire to learn more about lesbian, gay, bisexual and transgender (LGBT) senior citizens in our community. Your responses are anonymous.

We want to learn about the needs of LGBT senior citizens. Your participation is voluntary. Participating in the survey may not have a direct benefit for you. The Area Agency on Aging conducts needs assessments to both inform itself and the community about the needs of the senior community. It is hoped that the survey will result in better programs and awareness of the needs of older lesbian, gay, bisexual and transgender people in our two county region.

If you have any questions about this survey please contact joyce ellen lippman at the Area Agency on Aging at 805.925.9554 or seniors@KCBX.net. If you are interested in receiving the results of the survey, contact Ms. lippman. Please return the completed survey by September 15th.

## Please tell us something about yourself in confidence:

1. Your date of birth

2. Your annual income (individual):

☐ Less than \$9,999

☐ \$10,000 - \$19,999

☐ \$20,000 - \$39,99

☐ \$40,000 - 59,999

☐ \$60,000 - \$79,000

☐ over \$100,000

3. The source of your income: (Please check all that apply)

☐ Pension

☐ Investment earnings

☐ Social Security retirement

☐ Social Security disability

☐ Other

4. Your sexual orientation/gender identity:

☐ Transgender male to female

☐ Transgender female to male

☐ Gay male

☐ Bisexual male

☐ Bisexual female

☐ Lesbian

☐ Heterosexual male

☐ Heterosexual female

5. Your race:

☐ African-American

☐ Asian/Pacific Islander

☐ White

☐ Other (please specify)

6. Where do you live? Zip code

7. How is your health?

☐ Excellent

☐ Fair

☐ Good

☐ Poor

8. How is your mobility?

☐ Get around easily

☐ Get around with help

☐ Confined indoors

9. Have you retired?

☐ Yes

☐ No

A. If YES, at what age did you retire?

B. If NO, at what age do you plan to retire?

10. If not retired, what living arrangement will you seek when you retire? (Check all that apply)

☐ Mobile home

☐ Move out of the area

☐ House/condo/apt.

☐ Other

☐ Move to a more affordable place in this area

☐ Stay in my current home

☐ Retirement living community

☐ Assisted living facility

If retired, where do you live?

☐ House/condo/apt.

☐ Other

☐ Mobile Home

☐ Retirement living community

☐ Assisted living facility

11. When you feel you can no longer live independently, where would you like to live:

☐ With family

☐ With friend

☐ LGBT retirement community with extended care options

☐ Other

☐ Retirement community

☐ Assisted living facility

12. Who in your family is/was aware of your sexual orientation/identity:
- ☐ All family, including extended family

☐ Parents only

☐ No family is aware

☐ Most family, including extended family

☐ Parents and siblings only

☐ Sibling or siblings only
13. Relationships:
- A. In terms of social support what is your relationship status:
- ☐ Married

☐ Live alone with no significant partner

☐ Live alone, partner lives elsewhere

☐ Live with partner, not registered in CA

☐ Domestic partnership registered in CA
- B. In terms of social support if you needed assistance with daily living tasks so that you could remain in your home, do you have **family** who would provide this assistance?
- ☐ Yes

☐ No
- C. In terms of social support if you needed assistance with daily living tasks so that you could remain in your home, do you have **friends** who would provide this assistance?
- ☐ Yes

☐ No
14. What preventive health care measures do you utilize?  
(for example: mammograms, pap smear, prostate exam, blood pressure, etc.)
- A. Do you feel you need preventive health care?
- ☐ Yes

☐ No
- B. If not, why?
15. Have you had a negative experience with:
- A. Primary health care provider due to your sexual orientation/gender identity?
- ☐ Yes

☐ No
- B. Health care specialist due to your sexual orientation/gender identity?
- ☐ Yes

☐ No
- C. Social service provider (for example a MOW driver, care manager) due to your sexual orientation/gender identity?
- ☐ Yes

☐ No
- D. Law enforcement due to your sexual orientation/gender identity?
- ☐ Yes

☐ No

Please tell us about your experience with older adults:

16. In your opinion, at what age does a person become old?
17. What is your greatest concern(s) about aging? (Choose all that apply):
- ☐ Outliving my income

☐ Being alone

☐ Dying in pain

☐ Dying alone

☐ Becoming sick or disabled

☐ Becoming dependent on others

☐ Becoming unable to care for myself

☐ Losing friends and family

☐ Becoming confused

☐ Being discriminated against because of my sexual orientation

☐ Other - Please specify

☐ Not sure
18. How old is the oldest LGBT person you know?
- A. How is that person’s health?
- ☐ Excellent

☐ Good

☐ Fair

☐ Poor
- B. How is that person’s mobility?
- ☐ Gets around easily

☐ Confined indoors

☐ Gets around with help
- C. Who is that person’s primary support/care giver?
- D. Is this person dealing with any problems/issues/unmet needs?
- ☐ Yes

☐ No
- If so, please identify
- E. Do you know any LGBT person with dementia (such as Alzheimer’s)?
- ☐ Yes

☐ No
19. Are you currently or have you in the past 6 months been helping on a regular basis to provide care for a friend or family member who is 60 years of age or older?
- ☐ Yes

☐ No
- If so, how many?
20. If YES, is that person a:
- ☐ Lover/partner

☐ Parent

☐ Relative

☐ Friend

☐ Fair

☐ Poor
- A. How is that person’s health?
- ☐ Excellent

☐ Good

☐ Fair

☐ Poor
- B. Is that person LGBT?
- ☐ Yes

☐ No
- C. Has that person ever used in-home help?
- ☐ Yes

☐ No
- Why?

- D. Has that person ever used respite care?
- ☐ Yes

☐ No
- Why?
21. When answering the two following questions, please think only of the one person for whom you are providing the most care or the most regular care.
- A. Which of the following is the relationship to you of the person for whom you are providing care?
- ☐ Your partner

☐ Your child

☐ Your parent

☐ Your sibling

☐ Your neighbor

☐ A friend

☐ Not sure

☐ Another biological family member (Please specify)

☐ Someone else (Please specify)
- B. What sort of care are you providing? (Chose all that apply)
- ☐ Setting appointments

☐ Fixing meals

☐ Household chores

☐ Helping walk

☐ Paying bills and other paperwork

☐ Reading

☐ Driving

☐ Providing company/conversation

☐ Not sure

☐ Daily hygiene like baths, brushing teeth, washing hair, etc.

☐ Other - Please specify

Please tell us what you think the older LGBT Community needs.

22. What services does the older LBGT community in this area need most?  
(please rank in order from 1 to 8: 1 being the most needed, 8 being the least needed)
- LGBT senior center (Activity center. social center)

LGBT sensitive home care services

LGBT friendly social services

LGBT sensitive medical care

LGBT support groups

LGBT social interactions with other members of the LGBT Community

LGBT social interactions with neighbors and friends

Other (Please specify)
23. What housing options does the older LGBT Community need most?  
(please rank in order from 1 to 6: 1 being the most needed, 6 being the least needed)
- Support to keep LGBT seniors in their own homes

LGBT senior center (Activity center. social center)

LGBT retirement community (apartments, condos and mobile home parks)

LGBT assisted living facilities  
(Congregate meals, housekeeping services, supervised activities, medical services available)

LGBT nursing home

Other - please specify
24. Would you be more comfortable using services if the agency providing the service was identified as ‘Gay Friendly’ or ‘LGBT Friendly’?
- ☐ Yes

☐ Somewhat

☐ No
25. What should **healthcare providers** know about older LGBT persons?
- 
26. What should **social service providers** know about older LGBT persons?
- 
27. What should **mental health providers** know about older LGBT persons?
-